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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/782,685	02/13/2001	Roy Hays	181138002US1	9957

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EXAMINER	
TRAN, PHILIP B	
ART UNIT	PAPER NUMBER
2155	
MAIL DATE	DELIVERY MODE
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	09/782,685	HAYS ET AL.	
	Examiner	Art Unit	
	Philip B. Tran	2155	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *19 March 2008*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-20* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-20* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

Response to Amendments

Notice to Applicant

1. This communication is in response to amendment filed 19 March 2008. Claims 1, 6-7, 9 and 13 have been amended. Claims 14-20 have been newly added. Therefore, claims 1-20 are pending for further examination.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

3. Claim 1 and 3-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Warner et al, "MED WIDE WEB, The Webification of Medicine: Interventional Informatics Through the WWW" (January 1997), <http://www.pulsar.org/archive/febweb/papers/mww3.htm>, (Hereafter, Werner) in view of Karpf et al (Hereafter, Karpf), U.S. Pat. No. 7,287,031.

Regarding claim 1, Werner teaches a method in a computer system for distributing user information for registered users from the computer system to collection kiosks (= medical wide web knowledgebase system for tracking of patient records by using care portals, bridge and docking stations) [see Werner, Figure on Page 1], the method comprising:

providing user information for registered users (= providing users for accessing to health services and patient record data) [see Werner, Figure on Page 1 and Page 1, Paragraphs 3-4 and Page 2, Paragraphs 3-4]; and

for each of the collection kiosks (= care portals and docking stations) [see Werner, Figure on Page 1],

sending to the collection kiosk the user information (= providing access to health services and patient record data) [see Werner, Figure on Page 1 and Page 2, Paragraphs 1-4]; and

storing the user information at the collection kiosk, wherein the collection kiosks use the user information to verify whether users of the collection kiosks are registered (= storing data on the central server "bridge" and there is user authentication/authorization process) [see Werner, Figure on Page 1 and Page 2, Paragraphs 3-4].

Werner further teaches that patient record stored in the database can be displayed in addition to the live data from patient [see Werner, Page 1, Paragraph 3] and also real-time information traversing back and forth between participants of the medical web-based collaborative system [see Werner, Page 1, Paragraph 4]. Werner does not explicitly teach receiving and generating update user information (update patient record data). However, Karpf, in the same field of maintaining patient record data endeavor, discloses updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of

Werner in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

In addition, Werner does not explicitly teach the collection kiosks located in the publicly accessible locations and having measurement devices for allowing the registered users to measure their own medical information at the collection kiosks. However, Karpf, in the same field of maintaining patient record data endeavor, discloses the wide availability system wherein the patient may access medical instructions from any computer that has a network connection to the Internet (publicly accessible location) [see Karpf, Col. 4, Lines 1-4] and allowing measurement of user's own compliance with medical care instructions (medical information) [see Karpf, Abstract and Col. 3, Lines 54-58 and Col. 10, Lines 40-49]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand.

Regarding claim 3, Werner does not explicitly teach the method of claim 1 wherein the received update user information includes indications of whether to add a registered user, delete a registered user, or change information relating to a registered user though Werner does suggest modifying contents and data reduction [see Werner, Page 2, Paragraphs 1 & 4]. However, Karpf, in the same field of maintaining patient record data, discloses signing-up a new patient or updating the patient's information in

the database [see Karpf, Col. 22, Lines 53-63]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 4, Werner does not explicitly teach the method of claim 1 wherein a collection kiosk sends a request for the generated update user information once a day. In addition, though Karpf teaches up updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63], Karpf does not explicitly teach updating user information once a day. However, it would have been obvious to one skilled in the art to do updating once a day in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 5, Werner further teaches the method of claim 1 wherein the user information includes a user identifier and a password (= the user authentication/ authorization process indicates that a user identifier and a password are inherently included) [see Werner, Page 2, Paragraph 4].

Regarding claim 6, Werner teaches a method in a collection kiosk for retrieving updated user information (= medical wide web knowledgebase system for tracking of patient records by using care portals, bridge and docking stations) [see Werner, Figure on Page 1]:

providing user information for registered users (= providing users for accessing to health services and patient record data) [see Werner, Figure on Page 1 and Page 1, Paragraphs 3-4 and Page 2, Paragraphs 3-4];

sending a request for user information and in response to sending the request, receiving the user information (= requesting for health services and patient record data and providing access to health services and patient record data) [see Werner, Figure on Page 1 and Page 2, Paragraphs 1-4]; and

storing the updated user information at the collection kiosk for subsequent requests wherein the collection kiosk can verify whether a user of the collection kiosk is registered (= storing data on the central server “bridge” and there is user authentication/authorization process) [see Werner, Figure on Page 1 and Page 2, Paragraphs 3-4].

Werner further teaches that patient record stored in the database can be displayed in addition to the live data from patient [see Werner, Page 1, Paragraph 3] and also real-time information traversing back and forth between participants of the medical web-based collaborative system [see Werner, Page 1, Paragraph 4]. Werner does not explicitly teach updating the provided user information for the registered user in accordance with the received updated user information (update patient record data). However, Karpf, in the same field of maintaining patient record data, discloses updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to

incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

In addition, Werner does not explicitly teach the collection kiosks located in the publicly accessible locations and having measurement devices for allowing the registered users to measure their own medical information at the collection kiosks. However, Karpf, in the same field of maintaining patient record data endeavor, discloses the wide availability system wherein the patient may access medical instructions from any computer that has a network connection to the Internet (publicly accessible location) [see Karpf, Col. 4, Lines 1-4] and allowing measurement of user's own compliance with medical care instructions (medical information) [see Karpf, Abstract and Col. 3, Lines 54-58 and Col. 10, Lines 40-49]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand.

Regarding claim 7, Werner teaches an information collection system (= medical wide web knowledgebase system for tracking of patient records by using care portals, bridge and docking stations) [see Werner, Figure on Page 1] comprising:

a central computer system for a web site (= central server "bridge"), the central computer system providing a repository for the information (= storing data such as patient record on the central server "bridge") [see Werner, Figure on Page 1],

registering users of the web site and accessing the information (= the user authentication/authorization process) [see Werner, Page 2, Paragraphs 3-4]; and

a plurality of collection kiosks (= care portals and docking stations) [see Werner, Figure on Page 1], for collecting information about users for verifying whether a user is registered at the web site (= there is user authentication/authorization process) [see Werner, Figure on Page 1 and Page 2, Paragraphs 3-4], and for sending the collected information to the central computer system when the user is registered (= providing access to health services and patient record data) [see Werner, Figure on Page 1 and Page 2, Paragraphs 1-4].

Werner does not explicitly teach the collection kiosks located in the publicly accessible locations and having measurement devices for allowing the registered users to measure their own medical information at the collection kiosks. However, Karpf, in the same field of maintaining patient record data endeavor, discloses the wide availability system wherein the patient may access medical instructions from any computer that has a network connection to the Internet (publicly accessible location) [see Karpf, Col. 4, Lines 1-4] and allowing measurement of user's own compliance with medical care instructions (medical information) [see Karpf, Abstract and Col. 3, Lines 54-58 and Col. 10, Lines 40-49]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand.

Regarding claim 8, Werner further teaches the information system of claim 7 wherein the information is medical information (= patient record includes collecting data such as renal fluid retention, potassium content, blood volume, etc.) [see Werner, Page 2, Paragraph 3].

Regarding claim 9, Werner teaches a computer-based method for collecting medical information of users of a web site (= medical wide web knowledgebase system for tracking of patient records by using care portals, bridge and docking stations) [see Werner, Figure on Page 1], the method comprising:

registering the users at the web site when information about a user is collected at one of a plurality of collection kiosks, determining whether the user is registered at the website (= there is user authentication/authorization process) [see Werner, Figure on Page 1 and Page 2, Paragraphs 3-4], and

when registered, sending the collected information to a computer system so that the collected information is accessible to the user through the web site (= providing access to health services and patient record data stored on the central server “bridge” database) [see Werner, Figure on Page 1 and Page 2, Paragraphs 1-4].

Werner does not explicitly teach the collection kiosks located in the publicly accessible locations and having measurement devices for allowing the registered users to measure their own medical information at the collection kiosks. However, Karpf, in the same field of maintaining patient record data endeavor, discloses the wide availability system wherein the patient may access medical instructions from any

computer that has a network connection to the Internet (publicly accessible location) [see Karpf, Col. 4, Lines 1-4] and allowing measurement of user's own compliance with medical care instructions (medical information) [see Karpf, Abstract and Col. 3, Lines 54-58 and Col. 10, Lines 40-49]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand.

Regarding claim 10, Werner does not explicitly teach the method of claim 1 wherein a collection kiosk automatically sends a request for the generated update user information periodically. In addition, though Karpf teaches up updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63], Karpf does not explicitly teach updating user information periodically. However, it would have been obvious to one skilled in the art to do updating periodically in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claims 11-12, Werner does not explicitly teach the method of claim 6 wherein said sending a request for updated information is automatic and performed periodically or daily. In addition, though Karpf teaches up updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63], Karpf does not explicitly teach updating user information periodically or daily. However, it would have been obvious to one skilled in the art to do updating periodically or daily in order to ensure

that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 13, Werner further teaches the information collection system of claim 7 wherein the information comprises medical information specific to the registered users (= patient record includes collecting data such as renal fluid retention, potassium content, blood volume, etc.) [see Werner, Page 2, Paragraph 3] and the central computer system further is for receiving the user information from the collection kiosks (= storing data such as patient record on the central server “bridge” database) [see Werner, Figure on Page 1], and for each of the collection kiosks (= care portals and docking stations) [see Werner, Figure on Page 1], receiving a request from the collection kiosk for the generated user information and sending to the requesting collection kiosk the user information (= requesting for health services and patient record data and providing access to health services and patient record data) [see Werner, Figure on Page 1 and Page 2, Paragraphs 1-4].

Werner further teaches that patient record stored in the database can be displayed in addition to the live data from patient [see Werner, Page 1, Paragraph 3] and also real-time information traversing back and forth between participants of the medical web-based collaborative system [see Werner, Page 1, Paragraph 4]. Werner does not explicitly teach receiving and generating update user information (update patient record data). However, Karpf, in the same field of maintaining patient record data, discloses updating the patient's information in the database [see Karpf, Col. 22,

Lines 53-63]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 14, Werner does not explicitly teach the method of claim 1, wherein said storing of the update user information provides the collection kiosk with a current local list of all of the registered users. However, Karpf, in the same field of maintaining patient record data, discloses signing-up a new patient or updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 15, Werner and Karpf do not explicitly teach the method of claim 1, wherein the publicly accessible locations comprise at least one of drug stores and pharmacies. However, it would have been obvious to one skilled in the art to realize that the publicly accessible locations may include a place such as drug store or pharmacy in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand.

Regarding claim 16, Werner does not explicitly teach the method of claim 6, wherein said storing of the update user information provides the collection kiosk with a current local list of all of the registered users. However, Karpf, in the same field of maintaining patient record data, discloses signing-up a new patient or updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 17, Werner and Karpf do not explicitly teach the method of claim 6, wherein the publicly accessible locations comprise at least one of drug stores and pharmacies. However, it would have been obvious to one skilled in the art to realize that the publicly accessible locations may include a place such as drug store or pharmacy in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand.

Regarding claim 18, Werner further teaches the method of claim 6, wherein the user information includes a user identifier and password (= the user authentication/ authorization process indicates that a user identifier and a password are inherently included) [see Werner, Page 2, Paragraph 4].

Regarding claim 19, Werner does not explicitly teach the information collection system of claim 7, wherein said central computing system provides the collection kiosks with a current local list of all of the registered users. However, Karpf, in the same field of maintaining patient record data, discloses signing-up a new patient or updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 20, Werner and Karpf do not explicitly teach the information collection system of claim 9, wherein the publicly accessible locations comprise at least one of drug stores and pharmacies. However, it would have been obvious to one skilled in the art to realize that the publicly accessible locations may include a place such as drug store or pharmacy in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand.

4. Claim 2 is rejected under 35 U.S.C. 103(a) as being unpatentable over Warner et al, "MED WIDE WEB, The Webification of Medicine: Interventional Informatics Through the WWW" (January 1997), <http://www.pulsar.org/archive/febweb/papers/mww3.htm>, (Hereafter, Werner) in view of Karpf et al (Hereafter, Karpf), U.S. Pat. No. 7,287,031 and further in view of McMillan, U.S. Pat. No. 5,826,267.

Regarding claim 2, Werner and Karpf do not explicitly teach the method of claim 1 wherein the collection kiosks operate as FTP clients and the computer system operates as an FTP server.

However, McMillan, in the same field of client-server architecture with information kiosk endeavor, discloses the use of File Transfer Protocol (FTP) known as one of Internet client/server protocol [see McMillan, Col. 2, Lines 1-15]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the implementation of File Transfer Protocol (FTP), disclosed by McMillan, into the system of registry information to collect information from kiosks for storing in the central server disclosed by Werner, in order to enable the user to efficiently upload and download files to and from a remote FTP site over the network such as the Internet.

Response to Arguments

5. Applicant's arguments with respect to claims 1-20 have been considered but are moot in view of the new ground(s) of rejection.

Other References Cited

6. The following references cited by the examiner but not relied upon are considered pertinent to applicant's disclosure.

A) Peifer et al, U.S. Pat. No. 5,987,519.

Conclusion

7. THIS ACTION IS MADE FINAL. Applicant is reminded of the extension of time policy as set forth in 37 CAR 1.136(a).

A SHORTENED STATUTORY PERIOD FOR REPLY TO THIS FINAL ACTION IS SET TO EXPIRE THREE MONTHS FROM THE MAILING DATE OF THIS ACTION. IN THE EVENT A FIRST REPLY IS FILED WITHIN TWO MONTHS OF THE MAILING DATE OF THIS FINAL ACTION AND THE ADVISORY ACTION IS NOT MAILED UNTIL AFTER THE END OF THE THREE-MONTH SHORTENED STATUTORY PERIOD, THEN THE SHORTENED STATUTORY PERIOD WILL EXPIRE ON THE DATE THE ADVISORY ACTION IS MAILED, AND ANY EXTENSION FEE PURSUANT TO 37 CAR 1.136(A) WILL BE CALCULATED FROM THE MAILING DATE OF THE ADVISORY ACTION. IN NO EVENT, HOWEVER, WILL THE STATUTORY PERIOD FOR REPLY EXPIRE LATER THAN SIX MONTHS FROM THE MAILING DATE OF THIS FINAL ACTION.

8. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Philip Tran whose telephone number is (571) 272-3991. The Group fax phone number is (571) 273-8300. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Saleh Najjar, can be reached on (571) 272-4006.

9. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

/Philip B Tran/
Primary Examiner, Art Unit 2155
July 20, 2008